HARMONY TOWNSHIP 2017 DOG LICENSE APPLICATION

Owner's Name	
Phone(s)	
Street Address(if different from	om mailing)
Dog's Name	DOB
Breed	Color
Circle One: Sex: M F	Hair: Long Med Short Spay/Neutered: Y N
Vet's Name:	Phone #:
Rabies Expiration Date:	(Must not expire before November 2017)
Exact Change, Che Current proof of ral November 1 st of lic the license, in your Proof of neutering/s Return to Harmony	spayed tered/non spayed nonth per dog will apply after 1/31/17 ck or Money Order out to Harmony Township bies vaccination showing expiration date expiring no earlier than ensing year. All documentation received will be returned to you with enclosed self-addressed, stamped envelope.
New Application I have paid the r	Please select one of the following: n Renewal required license fee and late fees (<u>if applies</u>)
Payment:	(Filled out by Licensing Officer)
	IMAL LICENSE CANNOT BE ISSUED IF THE CURRENT RABIES IOR TO THE FIRST TEN MONTHS OF THE CURRENT LICENSING PERIOD.